

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90202 042 \*\*\*\*61.25

**DOCUMENT # N04730**

1. Entity Name

HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

6518 HIDDEN BEACH CIRCLE  
ORLANDO FL 32819  
US

Mailing Address

P.O. BOX 1706  
WINDERMERE FL 34786-1706  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2446923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMAS, JOSEPH I  
1224 WASHINGTON AVE.  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME SANTO, MARTA  
STREET ADDRESS PO BOX 1706  
CITY - ST - ZIP WINDERMERE FL 34786

TITLE SD ☐ Delete  
NAME CHAMBERS, JUDY  
STREET ADDRESS 6668 HIDDEN BEACH CIR.  
CITY - ST - ZIP ORLANDO FL 32819

TITLE TD ☐ Delete  
NAME SCOTT, DEIDRE  
STREET ADDRESS P.O. BOX 1706  
CITY - ST - ZIP WINDERMERE FL 34786

TITLE PD ☐ Delete  
NAME RUBY, JOE  
STREET ADDRESS PO BOX 1706  
CITY - ST - ZIP WINDERMERE FL 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME **BD**  
STREET ADDRESS **Dale Clenney**  
CITY - ST - ZIP **P.O. Box 1706**  
**Windermere, FL 34786**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deidre Scott*

3/21/2006

407-291-8177